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SERIAL NUMBER 10/721,307	FILING OR 371(c) DATE 11/25/2003 RULE	CLASS 434	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 16844.57
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**** CONTINUING DATA *******
 This application is a CIP of 10/292,192 11/11/2002 ABN which is a CON of 09/640,700 08/17/2000 PAT 6,527,558

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 02/26/2004 **** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 45	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged 10/ Examiner's Signature _____ Initials _____

ADDRESS
000027683

TITLE
Interactive education system for teaching patient care

FILING FEE RECEIVED 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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